Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIM ID \_\_\_\_\_\_

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to:\_MHSRSspeakers@thinktbg.com\_\_ by \_June 23, 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: **❑** Planner **❑** Faculty **❑** Reviewer **❑** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be Completed by the Planner, Faculty, or Others Who May Control Educational Content**

Please disclose all financial relationships you have had in the **past 24 months** with ineligible entities (definition below). For each financial relationship, enter the name of the entity and the nature of the financial relationship. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible entities. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. You do not need to disclose financial relationships of your spouse or partner.

An **ineligible** **entity** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients. For specific examples, visit accme.org/standards

|  |  |  |
| --- | --- | --- |
| **Nature of Relationship**  | **Company/Companies** | **Have any of these relationships ended?** |
| Employee/Owner |  | **❑ No****❑ Yes**If yes, list:  |
| Grant/Research Support: |  | **❑ No****❑ Yes**If yes, list: |
| Speakers Bureau/Honoraria for non-CME: |  | **❑ No****❑ Yes**If yes, list: |
| Consultant/Advisory Board: |  | **❑ No****❑ Yes**If yes, list: |
| Non-Mutual funds Stock Ownership/Stock options:  |  | **❑ No****❑ Yes**If yes, list: |
| Patent Holder/ Royalties paid to you  |  | **❑ No****❑ Yes**If yes, list: |
| Other financial or material support: |  | **❑ No****❑ Yes**If yes, list: |

**❑** In the past 24 months, I have not had any financial relationships with ineligible companies.

I attest that the above information is correct as of date of submission. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_